

**SUGGESTED FORM OF JANUARY PERMANENT
ABSENTEE ADDRESS CONFIRMATION****13-13-212(4)(B), MCA**

You are registered as a Permanent Absentee Elector. In order to receive a ballot for upcoming elections between February 1, _____ through July 31, _____ for which you are qualified, state law requires that you complete and return this address confirmation form. (If you do not return this completed form, your name will be removed from the Permanent Absentee Elector List. This will not prohibit you from requesting to have your name again placed on the list in the future.)

On your application to be placed on the Permanent Absentee Elector List you gave the following mailing address as the address where you want your absentee ballot to be mailed to:

Name
Mailing Address
City, State, Zip Code

If the above mailing address is correct for the upcoming period from February 1 through July 31, please check here ☐.

If the above mailing address is not correct, please clearly write the complete correct mailing address(es) below for the upcoming period from February 1 through July 31 or, at your option, provide any additional instructions below:

Sign and date this form and mail it to:

Elections Office
Mailing Address
Mailing City, State Zip
(406) 444-4444

Signature of Elector

Date

**SUGGESTED FORM OF JULY PERMANENT
ABSENTEE ADDRESS CONFIRMATION
13-13-212(4)(B), MCA**

You are registered as a Permanent Absentee Elector. In order to receive a ballot for upcoming elections between August 1, _____ through January 31, _____ for which you are qualified, state law requires that you complete and return this address confirmation form. (If you do not return this completed form, your name will be removed from the Permanent Absentee Elector List. This will not prohibit you from requesting to have your name again placed on the list in the future.)

On your application to be placed on the Permanent Absentee Elector List you gave the following mailing address as the address where you want your absentee ballot to be mailed to:

Name
Mailing Address
City, State, Zip Code

If the above mailing address is correct for the upcoming period from August 1 through January 31, please check here ☐.

If the above mailing address is not correct, please clearly write the complete correct mailing address(es) below for the upcoming period from August 1 through January 31 or, at your option, provide any additional instructions below:

Sign and date this form and mail it to:

Elections Office
Mailing Address
Mailing City, State Zip
(406) 444-4444

Signature of Elector

Date



#AB-001

~~DRAFT~~

Montana

Application for Absentee Ballot

Including Request for Absentee Ballot due to Illness or Health
Emergency

FOR FILING OFFICE ONLY

Precinct No. _____

Ballot No. _____

By _____

Issuing Official or Special Absentee Board

Ballot voted in office Ballot picked up by voter

Ballot mailed to voter Ballot picked up by third party

Ballot delivered by special absentee board (members must
sign above.)

EXHIBIT

DATE

4/8/09

Redesign Absentee Ballot

Submit completed form no sooner than 75 days before the election and no later than noon the day before the election.

Elector Name _____ Birthdate _____

County where registered _____ Phone: _____

Residence address in said County _____

Street/other

City

Zip

I hereby request an absentee ballot for the

☐ Primary ☐ General ☐ Municipal ☐ Other _____ election to be held on _____, 2 _____
Month/Day Year

Address where ballot will be mailed: _____

Street/PO Box/Other

City

Zip

*By signing below, I understand that I am officially requesting an absentee ballot. (also sign affidavit at bottom of page if requesting
due to illness or health emergency)*

Signature of Elector _____

Date Signed _____

Optional - Voter Information Pamphlet Request (an electronic version of this pamphlet can be found at sos.mt.gov)☐ Please send current Voter Information Pamphlet, if applicable to this election**Optional - Annual Absentee List** – By checking one of the boxes below, I understand that I will be mailed a ballot for applicable elections
that I am qualified to vote in, as long as I reside at the address listed above, and as long as I complete and return a confirmation card
mailed to me by the county election office each year. **I UNDERSTAND I MUST COMPLETE & RETURN AN ANNUAL ADDRESS
CONFIRMATION CARD TO REMAIN ON THE ABSENTEE LIST.**☐ Each subsequent election☐ Each subsequent federal election only**Optional - Designation of another person to pick up absentee ballot**

I, the elector who signed above, hereby designate _____ to pick up my absentee ballot.

Receipt of absentee ballot by designee

On this _____ day of _____, 20____, I received the absentee ballot for the applicant named above.

Signature of designee _____

Date _____

Where to return voted ballotReturn voted absentee ballots to your county
election office no later than close of polls on
election day, or to your polling place on election day.County election office address:

_____Ballots mailed to the county election office must be received
no later than election day.**Affidavit of Elector (due to illness or health emergency)**I hereby declare that I am prevented from voting at the
polls due to illness or health emergency occurring between
5:00 p.m. on the Friday preceding the election and noon on
election day.

Signature of Elector and date signed _____



-DRAFT-

Montana

Annual Absentee Address Confirmation

#AB-003

For Filing
Office Only

Precinct No. _____

Date Received _____

By _____

EXHIBIT

DATE

4/8/09

Redesign Absentee Ballot

You are currently registered as an Annual Absentee Elector. Please confirm the correct mailing address for ballots to be mailed to you for designated elections held **February 1, 2010 through January 31, 2011.**

☐ Check if the following address is the correct address for ballots to be mailed to you for elections held between **February 1, 2010 and January 31, 2011.** If it is, sign below and return the form.

Even if your address is correct you **MUST** submit this form to receive ballots for upcoming designated elections.

☐ Check if the above address is **NOT** correct. Please clearly print the complete correct mailing address(es) below, along with any additional instructions if necessary. Then sign below and return the form.

Additional Comments

By signing below, I affirm that I have confirmed my mailing address for ballots to be mailed to me for elections for which I am qualified from February 1, 2010 through January 31, 2011.

Signature

Date

Mail this completed form as soon as possible to the following address, or drop it off at your local election office:

INSERT LABEL HERE

You are REQUIRED to return this form in order to be mailed ballots for upcoming designated elections!

13-13-211 AND 13-13-212, MCA

EXHIBIT

DATE 4/8/09
 88 Redesign Absentee Ballot

During a period beginning 75 days before election day and ending at noon on the day before the election, an elector may submit this application for an absentee ballot to the county election administrator. Voters may apply for each election separately or may request ballots for each subsequent election in which they are eligible to vote, or only for each subsequent federal election.

An elector may request this application by mail, phone, or in person, and may mail the application directly to the election administrator or deliver it in person to the election administrator. A third party may also collect this application and forward it directly to the county election administrator.

I, _____ (print your name legibly), the undersigned, with a birth date of _____, being a duly qualified elector of _____ County, whose residence address in said county is _____, do hereby make application for an official absentee ballot for the upcoming _____ (example: school, general, primary, other) election to be held in said county.

I authorize my official absentee ballot to be mailed to me at this address (please print):

 Mailing Address City State Zip

By signing below I understand that I am requesting an official absentee ballot.

 Signature of elector Date signed

PERMANENT ABSENTEE LIST:

Optional: I request an absentee ballot to be mailed to me, for as long as I reside at the address listed above:

☐ for each subsequent election in which I am eligible to vote;

OR

☐ only for each subsequent federal election in which I am eligible to vote.

I understand that in order to remain on the permanent absentee list, I must complete, sign and return a confirmation form that will be mailed to me.

VOTER INFORMATION PAMPHLET REQUEST:

(also at sos.mt.gov when a statewide issue is on ballot)

☐ If applicable for the election, I would like a Voter Information Pamphlet to be sent to me along with my absentee ballot.

TO DESIGNATE SOMEONE TO PICK UP YOUR ABSENTEE BALLOT FOR YOU:

If you do not want your absentee ballot mailed directly to you, but want someone to pick it up for you, please check the box below and complete this section.

☐ I am designating _____ (name of individual) to pick up my absentee ballot and deliver it to me.

IF YOU ARE AN INDIVIDUAL RECEIVING AN ABSENTEE BALLOT FOR ANOTHER PERSON(S):

☐ **ABSENTEE BALLOT RECEIPT:** On this _____ day of _____, 20____, I received the absentee ballot of _____ (name of requestor of absentee ballot).

Signature of absentee ballot recipient _____

FOR OFFICE USE PRECINCT #